



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: RUSH MEMORIAL HOSPITAL

City of Hospital: Rushville

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 151304

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5962202	Contractual Allowance	\$26450167
Outpatient Patient Service Revenue	\$47818379	Other Deductions	\$711719
Total Gross Patient Service Revenue	\$53780581	Total Deductions	\$27161886

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$26618693
Other Operating Revenue	\$1143775
Total Operating Revenue	\$27762468

4. Operating Expenses

Salaries and Wages	\$10685438	Employee Benefits	\$1996883
Depreciation and Amortization	\$1205292	Interest Expense	\$188068
Bad Debt	\$4739346	Other Expenses	\$8912308
Total Operating Expenses	\$27727335		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$35133	Total Assets	\$18330278
Net Non-operating Gains over Loss	\$301734	Total Liabilities	\$7174218
Total Net Gains	\$336867		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25381187	\$15352157	\$10029030
Medicaid	\$7322169	\$4820557	\$2501612
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21077225	\$6989172	\$14088053
Total	\$53780581	\$27161886	\$26618695

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$8051	\$-8051
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$584942
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	Payments from	Less Costs to	Unreimbursed Costs
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	Clients	Hospital	to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$109,020		
Subtotal	\$109020	\$0	\$109020
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$109020	\$0	\$109020

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$3225	\$24107	\$-20882
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0